

Case Number:	CM15-0069954		
Date Assigned:	04/22/2015	Date of Injury:	08/06/2013
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 59-year-old female, who sustained an industrial injury, August 6, 2013. The injured worker previously received the following treatments acupuncture, Vicodin, Soma, physical therapy and home exercise program. The injured worker was diagnosed with cervical thoracic lumbar spine strain, sprain of the right foot, sprain of the hip and thigh sprain, diabetes and hypertension. According to progress note of April 1, 2015, the injured workers chief complaint was neck and back pain along with hip and foot pain. The injured worker completed physical therapy with improvement and continues with home exercise program. After finishing physical therapy, the injured had reduction in pain, improved function and medication refills. The neck pain was returning radiation to the left arm with occasional numbness. The physical exam noted trigger points in the trapezius and rhomboids. There was pain with range of motion with a 25% deduction. The thoracic spine noted tenderness in the upper thoracic spine and middle thoracic spine. There were trigger points in the rhomboids and left dorsi. The lumbar spine with paraspinal spasms with trigger point sciatic right and left iliac crest, lumbar paraspinals L4 -L5 right side and paraspinal at L4-L5 left side. There was a 50A% reduction in the range of motion. The treatment plan included additional physical therapy 3 times a week for 4 weeks to the neck and right foot. A progress report dated April 17, 2015 states that the patient finished therapy with improvement on June 25, 2014 and January 16, 2015. No physical examination of the ankle was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy for the neck and right foot (3 times per week for 4 weeks):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions have already been provided for the ankle/foot, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.